								. polication or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECOR							D	,													
Effective October 1, 2000																					
	-0 ▲	CLAIMS AS	(Column			(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY											
TOTAL CLAIMS			34					RATE	FEE		RATE	FEE									
FOR			NUMBER FILEO		NUMBER EXTRA		BA	SIC.FEE	355.00	OR	BASIC FEE	710.00									
TOTAL CHARGEABLE CLAIMS			3 Uminus 20=		• 14			X\$ 9=		OR	X\$18=	<b>શ્</b> કર									
INDEPENDENT CLAIMS			8 minus 3 =		•	6,		X40=		OR	X80=	400									
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=										
• 16	lhe difference	in column 1 is l	less than zer	ro, ente	r "0" in c	olumn 2	L	OTAL		OR	TOTAL	1368									
CLAIMS AS AMENDED - PART II											OTHER	THAN									
1-	17-Oq (Column 1) (Column 2) (Column 3)							MALL		OR	SMALL										
NT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
AMENDMENT	Total	.30	Minus	. 6	升_	- /		X\$ 9=		OR	X\$18=										
MEN	Independent	. 7	Minus	***	8	•/-		X40=		OR	X80=										
	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=										
							L	TOTAL		OR	YOTAL ADDIT, FEE										
1-	7-6-06	ADDIT, FEE																			
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUA PREVI	IMN 2) HEST MBER IOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
1	Total	-29	Minus	• 3	, y	8		X\$ 9=		OR	X\$18=	1									
MEN	Independent	• 7	Minus	••• (	<u>z</u>	= /	Γ	X40≈		OR	X80=										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T	135=		OR	+270=										
								TOTAL DIT. FEE	7.	OR	ADDIT. FEE	7									
(Column 1) (Column 2) (Column 3)												•									
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST VIBER PIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
OBB	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	i									
MEN	Independent	•	Minus	•••		e		X40=		OR	X80=										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270≈	:									
•••	If the "Michael Bhr	ımn 1 is less than 1 ombor Previously P	bid For IN THI	S SPACE	: IS IBSS TH	Ri 50' eurat .50'	 AD	TOYAL DIT. FEE		OR	TOTAL ADDIT: FEE										
				io colce	S to their first	HR 3 APRIOR 34			propriate bo	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE											